



Time for Our Annual Batting For A Cause Tournaments!!!!

U12 “A” Tournament August 2nd, 3rd, 4th, & 5th

U12 “B” Tournament July 26th, 27th, 28th, & 29th



The Fall River National Little league at Dumont field in Fall River, MA is a small baseball league with a big heart. As a Non-profit organization we bring a tremendous amount of joy to the children of our community through little league baseball.

This year we will be helping a great Charity that has always been an important part of our league. All Proceeds generated from the “Batting for a Cause” Baseball Tournament will be donated to our Friends from ***Grammy’s Angels Relay for Life Team for The American Cancer Society.***

Please join us for this tournament to help this great cause, and to also have fun playing America’s game. Attached are the tournament information, rules & application

Thank you,

FRNLL Board of Directors

FRNLL "Batting for A Cause" Baseball Tournament

TOURNAMENT INFO & RULES

- Entry Fee \$400 per team. (100% of the Fees will be donated to the Charity Organizations)
- Tournament is open to 12U teams (age as of 4/30/18), whether it is an All-Star Team or a regular season team.
- Tournament will be Pool play. All teams guaranteed a minimum of 3 games. (If 2 Pools)-Top 2 teams from each pool will advance to the semi-finals. (If 3 Pools)-Top team from each pool plus 1 Wild Card Team (next best record) will advance to semi-finals.
- All teams will be in a blind draw to determine which pool they will be in.
- Awards will be given to the Champions and the second place team
- Our Concession Stand will be open during the Tournament selling food and beverages like, Hamburgers, Hot dogs, French fries, Onion rings, Mozzarella sticks and more.... All proceeds from the concession support the tournament!

TOURNAMENT RULES:

- 1- Teams will have a maximum of 13 players.
- 2- Teams need to arrive ½ hour prior to game time. To allow enough time to register & warm up your team.
- 3- A coin flip will be used to determine home team for preliminary games (winner of flip will have choice). Team with best record will have choice to be home team for semi-finals & finals (tie breakers will be applied if necessary)
- 4- USA Baseball Bats must be used.
- 5- Continuous batting order will be used, and all players must participate defensively for a minimum of 6 outs.
- 6- Maximum of 3 Coaches allowed in the dugout. (1 Manager & 2 Assistant Coaches)
- 7- Fake bunt & swing is not allowed. Batter will be called out.
- 8- Slide rule on all bases to avoid contact. (Discretion of the Umpire)
- 9- 10 run mercy rule (after 4 Innings or 3 ½ for Home team)
- 10- Teams will be allowed a fifteen (15) minute delay to field a team. However, if a team cannot field an eligible team after the allotted time, the umpire will call the game and the team who was unable to field a team will forfeit.
- 11- Coaches may warm up pitchers
- 12- Players are not allowed to use metal spiked cleats.
- 13- Make-up or suspended games will be re-scheduled at the discretion of the tournament committee.
- 14- Tiebreaker-(If 2 teams involved) 1st Head to Head. 2nd Runs Allowed 3rd Coin Toss
- 15- Tiebreaker-(If 3 teams involved) 1st Runs Allowed 2nd Coin Toss
- 16- Any Protests will be settled immediately by the tournament committee before play resumes.

Pitching Rules

1. Pitcher may only pitch a total of 6 innings for the entire tournament. (one pitch in an inning will count as an entire inning).
2. Pitcher's info will be kept by score keepers and turned into the tournament committee at the end of every game.

FRNLL "Batting for A Cause" Baseball Tournament

TOURNAMENT APPLICATION

Entry Fee: \$400 per team

(100% of the entrance Fees will be donated to the Charity Organizations)

Make check payable to: Fall River National Little League

Circle The Tournament You Are Entering Below

"A" Tournament-Aug 2,3,4, & 5

"B" Tournament-July 26,27,28, & 29

Please Complete the Following Information:

League Name: _____

Team Name: _____

League Contact: _____

Contact Address: _____

Cell Phone #: _____ **Email:** _____

Daytime Phone#: _____ **Evening Phone#:** _____

NAMES OF HOME RUN DERBY PARTICIPANTS (\$25 PER PLAYER)

#1_____ **#2**_____ **#3**_____

Each participating team will need to show proof of player's age, and signed release forms.

Please email me at: troussel@frnll.com to reserve your spot, and mail in the registration ASAP.

Any questions, please contact Tom Roussel (Tournament Director) at the email listed above or phone or text me at 774- 644- 4930.

Tournament applications and entry fees should be mailed to:

Fall River National Little League

P.O. Box 4125

Fall River, MA 02723

FRNLL "Batting for A Cause" Baseball Tournament

TEAM ROSTER

Maximum 13-player roster

Turn in this form on the first day of tournament
You do not need to mail this form with registration

LEAGUE NAME: _____

TEAM NAME: _____

MANAGER: _____ Cell Phone # _____

COACH 1: _____ Cell Phone # _____

COACH 2: _____ Cell Phone # _____

*Please leave the birth certificate and liability release columns blank

	Player Name	Nickname	Jersey #	Birth Date	Birth Certificate	Liability Release
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

This form must be turned in at tournament table one-hour prior to your first game of the tournament.

FRNLL "Batting for A Cause" Baseball Tournament

Liability Release for Tournament Play

To be completed by each parent on the team

Player: _____ Date of Birth: _____

League / Team: _____ Age on April 30, 2018: _____

I/We the parents or legal guardians, hereby permit my child to participate in the "BATTING FOR A CAUSE" BASEBALL TOURNAMENT, and in doing so, understand that I will hold harmless all Board Officers, Directors, Fall River National Little League and Affiliates or others connected or not connected with any actions, accidents or injuries to the above named individual while being engaged in this sport activity.

I/We the parents or legal guardians, agree to furnish my own medical and/or insurance coverage and accept any of all medical or other expenses from any accident while my child is participating in this sports program.

Authorized Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Emergency Number: _____

Authorized Parent/Guardian Signature: _____

Date of Signature: _____

This form must be turned in at the tournament table prior to your first game of tournament.
[You do not need to mail this form in advance of the tournament.](#)